Reported By: Date:

Reported To: Date:

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| Nature of Hazard: (Describe – Unsafe Act, Loose Flooring, Equipment Situation, Etc.) |
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| Location of Hazard: (Be specific: i.e. Name of Center, Location in Center, etc) |
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| Action Taken: (By Site Supervisor and/or Maintenance) |

Division Supervisor (Please Print) Date Action Taken

Signature of Division Supervisor

If maintenance assistance needed:

Signature of Maintenance Staff Member Date Action Taken

Forward to Safety Committee for Comment:

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| Comments:    Signature of Safety Committee Chairperson Date Reviewed |